

**Secure Medicine Subcommittee
Chinook Room 124
Meeting Notes
11:30 a.m. to 1:30 p.m.
August 16, 2012**

Membership:	Staff:
Joe McDermott, Subcommittee Chair	Jennifer Muhm, Public Health
David Baker, Suburban Cities Association	Maria Wood, Board of Health Administrator
Bud Nicola, Health Professional	Margaret Shield, LHWMP
David Fleming, Director & Health Officer	Anne Burkland, Chair's Personal Staff
	Maureen Weisser, LHWMP
Invited Guests:	
Cliff Webster, PhRMA	
Marjorie Powell, Senior Assistant General Counsel, PhRMA (phone)	
Dave Mastin, Contract Lobbyist, Mylan, Manufacturer of Generic Drugs	
Others:	
Jeff Gombosky, PhRMA	

Process Overview—Chair McDermott

Stakeholder engagement plan

Discussion with Pharmaceutical industry, major themes

Majorie Powell and Cliff Webster

- If people know what the right thing to do is, they will do it. But it must be easy to be effective. Current guidelines make disposal easy because individuals can put unused medicines in their own trash. Despite some claims, drugs will not leech if the landfill is EPA approved. Other means of disposal, such as police escorts of controlled drugs to incarceration, have a larger carbon footprint.

- There are already security concerns at pharmacies. Providing medicine return programs at pharmacies will only exacerbate these security concerns. This is a major reason why chain pharmacies in San Francisco did not participate in the pilot program happening there.
- It's premature to create a program when we are still awaiting DEA's rule change.
- There is no evidence to suggest that take back programs actually address overdoses and drug abuse. There is no clear evidence that leftover meds are the cause of overdoses. Drugs are not safely stored in homes.
- B.C. program is not effective. Awareness of the program is only at 50 percent and participation in the program is less.
- Evidence suggests the trace amount of drugs in our water is actually from human use.
- State of Maine implemented a mail-back program. Pharmacies gave out special padded preaddressed envelopes to state DEA agency. Meds that are sent back are burned at the same facility where they burn household goods – which is not the correct temperature at which to burn meds. This system is expensive and no one is tracking what percentage of drugs are being returned.
- PhRMA isn't aware of any take back programs that are working well. A program in Marin County, California that requires patients bring their medicine every time they see a doctor to ensure they are being properly taken was cited.

Dave Mastin

- This conversation began because of a political pressure to take on the “bad guys” which is how pharmaceutical companies are characterized.
- Generic medicines make up the lion share of the market. The business model of generic meds is very dependent on keeping costs low.
- If the aim of secure medicine return programs is to protect human health or the environment then it is a public good. Public good is usually paid for through taxes or user fees.
- Alameda County's newly adopted program is unworkable. Their policy requires the drug companies to figure out what the solution is, rather than the policymakers identifying the solution. Manufacturers have no knowledge of waste management, so it's problematic to ask them to design such a program.
- A product stewardship model is not appropriate for pharmaceuticals because a prescription is meant to be taken until there is nothing left. This is unlike other

products -- like a TV -- that will always end up waste. PhRMA concurred with this statement.

- The program must be easy to use.
- What's found in the environment isn't just prescription drugs but also caffeine, soap, DEET. Why should PhRMA be responsible for dealing with all of these problems?

Next Steps: Agenda Building for Future Meeting:

Next Meetings:

- Additional stakeholders the subcommittee would like to hear from:
 - Environmental advocates
 - KC Wastewater Division
 - Additional generics companies, or at least better understand how many companies exist.
 - Board of Pharmacy
- The next meetings will be held on August 29, October 5, October 18, November 14, and December 7.